

BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. 09616025	FILING DATE 09/24/00	APPLICANT(S)					
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2							52							
3							53							
4							54							
5							55							
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7							57							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	16						TOTAL DEP.							
TOTAL CLAIMS	18						TOTAL CLAIMS							